

B5 (Official Form 5) (12/07)

United States Bankruptcy Court			INVOLUNTARY PETITION	
Northern	District of	Illinois		
IN RE (Name of Debtor – If Individual: Last, First, Middle) Sunrise Equities, Inc.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)		
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):				
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 6355 N. Claremont, Suite 201 Chicago, IL 60659		MAILING ADDRESS OF DEBTOR (If different from street address)		
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS COOK COUNTY		60659		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)				
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED				
<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11				
INFORMATION REGARDING DEBTOR (Check applicable boxes)				
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other		
VENUE		FILING FEE (Check one box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>		
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)				
Name of Debtor	Case Number		Date	
Relationship	District		Judge	
ALLEGATIONS (Check applicable boxes)			COURT USE ONLY	
1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.				

Case No. _____

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x /s/ Rizwan Jabir

Signature of Petitioner or Representative (State title)

Rizwan Jabir 9/15/2008

Name of Petitioner Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

x /s/ Nizam Arain

9/15/08

Signature of Attorney

Date

Nizam Arain / Lakeshore Law Group LLP

Name of Attorney Firm (If any)

500 N. Michigan Ave., Suite 2000
Chicago, IL 60611

(312) 321-6531

x /s/ Fazal Mahmood

Signature of Petitioner or Representative (State title)

Fazal Mahmood 9/15/2008

Name of Petitioner Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

x /s/ Nizam Arain

9/15/08

Signature of Attorney

Date

Nizam Arain / Lakeshore Law Group LLP

Name of Attorney Firm (If any)

500 N. Michigan Ave., Suite 2000
Chicago, IL 60611

(312) 321-6531

x /s/ Mohammed M.H. Quraishi

Signature of Petitioner or Representative (State title)

Mohammed M.H. Quraishi 9/15/2008

Name of Petitioner Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

x /s/ Nizam Arain

9/15/08

Signature of Attorney

Date

Nizam Arain / Lakeshore Law Group LLP

Name of Attorney Firm (If any)

500 N. Michigan Ave., Suite 2000
Chicago, IL 60611

(312) 321-6531

PETITIONING CREDITORS

Rizwan Jabir

466 Heritage Run Rd., Indiana, PA 15701

Nature of Claim

Unpaid promissory note

Amount of Claim

\$25,000.00

Fazal Mahmood

9239 Aspen Ln., Des Plaines, IL 60016

Nature of Claim

Unpaid promissory note

Amount of Claim

\$25,000.00

Mohammed M.H. Quraishi and Rayees F. Quraishi

918 Chancery Ln., Cary, IL 60013

Nature of Claim

Unpaid promissory note

Amount of Claim

\$60,000.00

Note:

If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

\$110,000.00

continuation sheets attached